

DC Commission on the
Arts and Humanities
Presents
Poetry Out Loud
State Recitation Contest



SCHOOL REGISTRATION FORM

DUE OCTOBER 15, 2011

School Name _____

Address _____

Principal's Name/Email Address _____

Primary Point of Contact (Teacher) Name _____

Contact Teachers Phone # _____ Contact Teacher's Email _____

Names of Participating Teachers (attach additional pages if necessary)

Number of Classrooms Participating _____ / Number of Students Participating _____

☐ Yes, my school would be interested in learning more about the DC Commission's Artist-in-Residence program for Poetry Out Loud.

Signature of the Primary Point of Contact _____



**Submit this form via mail, fax or email by
October 15, 2011**

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